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TOPOGRAPHY AND DISEASES OF BATES COUNTY, MISSOURI.

BY DR. J. E. THOMPSON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 273.]

Pertussis.—The origin and mode of propagation of *Pertussis* involve several disputed points. Some contend that it is *unconditionally contagious*; others ascribe it exclusively to *atmospheric* influences, wholly independent of contagion, either in its origin or its propagation; while another class, taking a middle ground, contend that it may arise from *meteoric* causes, and afterwards become contagious. It is obvious, however, that neither of the extremes can be true; which is made unmistakably evident by adverting to the circumstances which govern the spread of the disease in its epidemic and sporadic forms. Numerous examples attest the truth that *pertussis*, in its *epidemic form*, may arise independent of any contagious influence, while *sporadic* cases can be as clearly traced to personal intercourse. The celebrated Dr. Dewees, in speaking of the prevalence of *pertussis* on Block Island, as an epidemic, wholly independent of any contagious influence, remarks—"It is a rule, with few or no exceptions, that where a disease can be traced to atmospheric influence, it does not prove contagious. Nature, indeed, can hardly employ two such opposite courses to produce the same effect."

This conclusion is, theoretically, quite plausible, but unfortunately it is so pointedly contradicted by every-day experience that we are compelled to regard it as an erroneous induction. It often happens that a child affected with *pertussis*, on being conveyed to a family residing in a district entirely free from the disease, will impart the affection to those with whom it comes in close proximity; and from such a source, the disease may spread through an entire neighborhood, by personal intercourse. Or, a child, residing in an unaffected district, may be taken to a family where the disease prevails, contract it, and afterwards propagate it anew to those residing in healthy localities and at remote points. In an account of a voyage around the world in 1830, 1831, 1832, Dr. Eydoux mentions that, at Van Dieman's Land, *pertussis* had been imported, for the first time,

by a young prisoner, four years before, and that the disease afterwards destroyed many victims. Such examples are by far too common to admit of doubt, and they prove, beyond all question, that the disease *may* be propagated by personal intercourse, even when the atmosphere has no epidemic tendency; or, in other words, by *unmistakable contagion*. It does, therefore, appear that pertussis has two modes of origin: first, *from general or meteoric causes*; and second, *from specific contagion*.

In regard to epidemic pertussis here, it may be remarked, that it is generally limited to certain districts or neighborhoods; but at times, it spreads over the entire county, pervading almost every house where suitable subjects reside. Thus, in 1841, it overran nearly the whole county, extending to the neighboring counties. In 1849, 1850, 1851, it prevailed throughout the county—not a single community escaped. But this is nothing foreign to the character of the disease, as it is quite common for it to overrun whole counties. Thus, in 1732 the disease overran nearly all Europe, and extended even to Jamaica, Mexico and Peru. In such visitations, we are often quite unable to trace the origin of the disease, or its propagation, to any obvious cause, although its contagious character remains distinctly marked.

The greatest differences have been remarked here between the *duration* and *intensity* of these epidemics; in some, there are few fatal cases, while in other examples, even under equally favorable circumstances, as far as relates to the condition of the subjects and appropriateness of treatment, the disease proves quite fatal. Such fatality does not, however, seem to arise from a mere increase of its own intensity, but from the violence of certain *complications*; thus, here, there is generally a predisposition to certain local affections, such as bronchitis, pneumonia, cerebral congestion, &c. The occurrence of these secondary lesions constitutes, in the main, the fatality of the disease. The disease is not limited to any particular season or locality, nor do these exercise more than a very slight control over its march and violence.

Pertussis is most common among infants, being confined, in the main, to the period between that of birth and second dentition. In regard to *sex*, there is probably but little difference, as both are, unquestionably, equally liable to its attack. The following table will show the ratio of the prevalence of pertussis in this county, and that of other places.

	Number of cases.	No. under 7 years old.	No. under 14 years old.	No. of Females.	No. of Males.
Dr. Stewart,	30	25	5	16	14
Dr. Requa,	90	60	30	40	50
Dr. Jones,	30	22	8	4	26
Dr. Thompson,	50	47	3	26	24
Total,	200	154	46	86	114
Dr. Blache,	130	106	24	69	61
Dr. J. F. Meigs,	49	46	3	22	27
Drs. Killiet & Barthez,	29	26	3	20	9
Total,	208	178	30	111	97

It will thus be seen that in 200 cases in Bates County, 154 were under 7 years of age, 46 under 14 years, 86 females, and 114 males; while in 208 cases in foreign places, 178 were under 7 years, 30 under 14, 111 females, and 97 males. These statistics prove that the disease prevails more extensively under the age of 7 years, and decreases as age advances; making, out of 408 cases, 256 more under 7, than over that age. It seems that it occurs less frequently in girls than in boys; thus, out of 408 cases, 197 were girls, while 211 were boys, though the difference is not a great deal. After the age of ten or twelve, the attacks of pertussis are much less frequent, although it occasionally occurs in adults, and even in old persons. I have never seen a *positive* case of recurrence of pertussis; although we are compelled to admit, that, in some rare instances, it has been contracted a second time. On the other hand, we have the united testimony of the entire profession, that, as a *general rule*, it occurs but once. M. Rosen remarks, that during thirty-two years experience, he has never known an infant to take it twice.

With reference to the period of development of the disease after exposure, it is not an easy point to decide; however, in a majority of instances, the disease will be developed between the fifth and tenth day after exposure. In regard to the *duration* of pertussis, it cannot be limited to any fixed period. It usually continues from four to eight weeks, and often much longer. When it begins late in autumn, the cough will seldom cease until the following spring, or beginning of summer; but when complicated, it is necessarily more or less prolonged, often to three and four months. The prognosis in *simple* pertussis is favorable, except in very young and weak infants, who cannot sustain the violent and protracted cough, and those who are suffering from the irritation of dentition. A high grade of the simple disease may prove fatal; resulting, in such cases, from exhaustion, supersecretion, or inordinate spasm of the glottis. We usually find, in these cases, a grade of mucous excitement bordering on bronchitis, which is more intense than the irritation properly belonging to the disease. Age is an important element in the prognosis, a majority of fatal cases being under one year old.

As we intimated before, the disease in its simple form seldom proves fatal; but unfortunately there is, as it prevails here, an almost unaccountable tendency to grave complications; and when this state of things occurs, the disease is almost invariably fatal. The most common complications are, pneumonia, cynanche trachealis, and bronchitis. In 1855, it prevailed in connection with dysentery, with a marked degree of fatality.

Diarrhæa prevails here to some extent, in some seasons and districts. In 1850, 1851, 1852, it prevailed in the vicinity of Double Branches and Miami; not being, however, very fatal, except in old persons and children. The following symptoms characterize it: nausea, flatulence, griping pains in the bowels, and tenderness on

pressure, succeeded by thin and offensive bilious stools, furred tongue and foul breath; sometimes, fever of a remitting character. It prevails in the spring and summer, in low, swampy vicinities, but is confined to no particular age or sex. The causes of the disease are, indigestible and irritating food, cold and humidity.

Catarrh is quite common in the winter and spring; in fact, there are but few persons who escape its attack. It prevails as an epidemic every winter to a greater or less degree, being connected with every disease, let it be what it may. It is attended by the following train of symptoms: lassitude and chills; then more or less febrile reaction, with a frequent, quick, tense pulse; severe pain in the frontal region, extending to the occiput, face and jaws; sneezing; incessant dry cough, and hoarseness; a watery discharge from the nose and eyes, the latter red and painful; stitches through the chest; often rheumatic pains in the back and extremities; remission in the morning, and exacerbations in the evening; urine high colored and free from sediment. About the sixth or eighth day the febrile symptoms begin to decline; the urine then becomes pale and turbid, and the skin uniformly moist; the discharge from the nose and bronchia becomes thicker and yellowish. If the disease runs its natural course, unmolested by complications, it never continues longer than ten days; but where it is complicated, it continues often for months, running into chronic catarrh. Simple catarrh seldom proves fatal; but when complicated, becomes grave and often results in death, especially in very old and very young subjects. Its principal complications are, pneumonia, bronchitis, cerebral congestion, and phthisis. It is the source of a great deal of evil among females, causing a suppression of the catamenial flux, &c. Catarrh is seldom treated, except when complicated; then the treatment is *pro re nata*.

Dysentery.—The disease of which I am now about to speak, has received various names by different authors—such as colonitis, colitis, dysentery, or, in common language, flux: the latter of which, however, is that adopted by our own countrymen, and also by those of Europe. This affection, with all its therapeutical and pathological relations, is quite important to us, because of its frequent epidemical occurrence in this county, and its extremely fatal tendency in some particular localities.

Dysentery seems to be produced by the joint influence of atmospheric vicissitudes and marsh miasmata. The sporadic cause is indigestible and irritable substances received into the bowels. The same causes that produce epidemic dysentery, may also exercise a considerable influence in the production of sporadic dysentery.

Inflammation of the mucous membrane of the large intestines, especially of the colon and rectum, constitutes the main character of dysentery, attended by permanent pain in the lower portion of the abdomen. Tenesmus is always present, and is one of the most distressing symptoms of the disease. The discharges are very frequent, consisting of mucus and blood in various proportions, sometimes one predominating, and sometimes the other. It often hap-

pens that large quantities of blood are discharged from the bowels, mixed with a substance closely resembling the scrapings of the intestines; when this occurs, it denotes a high grade of inflammation, with extensive lesions of the internal coats of the colon and rectum. Dysentery, in its simple form, is seldom if ever attended with much of the bloody discharges, but rather with those of a muco-purulent character, and not attended with much febrile excitement, except in nervous subjects; then the pulse becomes frequent, and excited, caused in part, probably, by the extensive tormina, which are always present. But the grave cases are always marked by a low grade of fever, typhoid in its nature, extreme tenderness over the whole abdomen, with a disposition to discharge only the lower bowels, pointing to the outer tunics of the intestines as the affected part. Also, fulness of the abdomen, dry tongue, painful dyspnoea, and anxious countenance, denoting serious inflammation of the peritoneal covering of the large intestines, and also implicating the liver. This organ is unquestionably involved, from the fact of the excessive bilious, crude and yellow tint of the skin, existing frequently from the very onset, throughout the duration of the disease; though this is contradicted by men of eminence, among whom is Dr. J. A. Coons, of Ohio, who says: "The importance of the liver in causing trouble in this affection, is entirely over-rated. * * * I have found the liver seldom implicated in this disease. I do not believe that the liver has anything more to do in producing simple flux, than it has in causing pharyngitis." (See *Western Lancet*, Vol. XV., p. 196.) Dr. Eberle, in speaking of the autopsic appearances of dysentery, remarks that "the liver is frequently found to have suffered structural derangement; it is most commonly enlarged, and in a state of great sanguineous congestion." (See *Pract. of Med.* p. 208.) Dr. Robert Hooper says: "Upon opening the bodies of those who die of dysentery, the internal coat of the intestine appears to be affected with inflammation and its consequences, such as ulceration, gangrene and contraction. The peritoneum, and other coverings of the abdomen, seem likewise, in many instances, to be affected with inflammation." I might add others, but these suffice. As the liver holds an important office in carrying out the designs of nature, through the digestive apparatus, it would seem unquestionably conclusive that, when a part of that apparatus (in fact nearly the whole of it) is so seriously involved by an attack of dysentery, the liver must be the seat of structural derangements, congestion and hypertrophy. If the liver is not implicated, why is it that, in cases where the discharges consist of blood, the symptoms generally becoming urgent, we consider the appearance of bile in the dejections a favorable omen? why give mercurials, or any other drug, to arouse the activity of the liver if it is normal? Dr. Watson recommends, in the early stage of the disease, calomel in *small* doses. Sir James M'Grigor thought that mercury proves highly useful when the disease is accompanied by disorder of the liver. Dr. Condie gives blue mass; and Dr. Eberle, calomel. It is agreed

by all that mercury forms the basis of the treatment of all diseases in which the liver is involved ; and why should it be so universally recommended in *small* doses in the treatment of dysentery, if the liver is not at all implicated ?

Scybala, in grave cases, are often found in the discharges, notwithstanding the opinion of others to the contrary. In 1818, during an extensive epidemic of dysentery in Hardwicke Hospital, Ireland, Dr. Cheyne observes that, "in a vast number of cases no scybala could be discovered." Dr. Stokes, during its prevalence in the Meath Hospital, says : "I have never found that the patients passed them (scybala)." Out of 50 cases that I noticed, 30 passed scybala. However, scybala may justly be considered as depending more upon accident, than primary causes. Colliquative diarrhœa is quite common in violent cases, and is an omen of speedy dissolution.

Butler, Bates County, Mo.

[To be continued.]

LEGISLATION IN BEHALF OF QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

NOTWITHSTANDING the evils entailed upon the community by the prevalence of quackery, in the opinion of some of the wisest among us it is best to let it alone, and this opinion has been generally acquiesced in. But, within a few years, charlatans, encouraged by their success, have grown bolder, and now annually besiege the doors of our Legislature. Toward the close of a session, when the interest of the members begins to abate, and the most important matters are hastily disposed of, a bill is presented, asking that the State shall not only recognize, but endow, some college, hospital or other pseudo-philanthropic institution, and such a bill is sure to find many advocates. Without calling in question the motives of those who lend their aid to the petitioners, and without attacking any peculiar systems, it will not be difficult to show the great error of the first, and the common defects of the last.

That those who assemble in our legislative halls should understand the real merits of any medical system, is impossible. They are as incompetent to decide upon them as upon the truth of an astronomical problem, and this is the very reason why they are appealed to. The credulity and prejudice upon which the quack everywhere relies, follow to the State-house those whom the ballot-box has declared the legal guardians of our rights. There is, therefore, in such cases as we are considering, more than in almost any others, a need of sound judgment and common sense, which will apply to the solution of questions so difficult, those general principles which serve as guides in other important matters.

To show how entirely these are neglected, let us, for the sake of contrast, briefly examine some of the regulations of a savings bank.

The members of such a corporation must be men of the highest respectability and long-tried integrity ; they are to use and improve, for the benefit of the depositors, all money entrusted to them. Their by-laws provide that the treasurer shall give bonds for the faithful discharge of his duties, that his accounts shall be examined weekly, and that no member of the board of investment shall ever be a borrower. Every possible guard is thus thrown around the hard-earned savings of the poor.

Is anything of the same caution manifested, when the lives as well as the pockets of the people are at stake ? Is it ever asked or cared who the pretended reformers are ? Is any regard paid to their previous education or character ? Is it ever considered that self-interest lies at the bottom of all their movements ? No ; every legislature contains a certain number of men devoted to quackery in all its forms. They or their friends have been ill, have been treated in a certain way, and have recovered. Drawing their conclusions from such facts, they are convinced of the truth of certain doctrines, and, when appealed to by charlatans who profess them, talk about progress, the advancement of medical science, &c. &c., perhaps reward the petitioners with a draft upon the treasury of the State, and having thus given them the means for fleecing others, leave them without supervision.

Men capable of such legislation would consider themselves insulted, if told that they would not hesitate to charter a bank, the board of directors of which was composed partly of knaves, who, having tried various means for obtaining a livelihood without success, had concluded to turn their attention to financiering ; partly of honest men, whose peculiar ideas or incapacity had rendered them the laughing-stock of every intelligent merchant. Would it not be thought the height of impudence for such persons to ask the power of issuing bills ; giving no security but their own large promises to pay ; showing how dividends were inevitable during all time and under all circumstances ; and maintaining that a specie basis was entirely unnecessary ?

But there is another very important consideration which is overlooked, and which, if allowed its due weight, would alone be sufficient to decide questions of the kind. Legislation should, as far as possible, encourage and aid worthy objects, by securing the permanency of their great principles, and is not to busy itself with details, the character of which must constantly vary with time.

It establishes public schools, but does not do so to secure the use of any particular grammar or spelling book. It founds institutions for the training of idiots, but does not specify what treatment the latter shall receive. It builds penitentiaries, but not for the express purpose of reforming the prisoners by emptying a bucket of water upon their heads every morning. And yet when men appear whose claims for encouragement and pecuniary aid are based upon the most eccentric views of the most uncertain and changeable part of medical science, the treatment of disease, they are complacently

listened to, and, to a certain extent, rewarded for their disinterested efforts in behalf of humanity. Instances might easily be cited to show the truth of these statements, but the mention of such would only open an endless discussion upon the merits of various systems, and such it is our wish to avoid. A point common to them all has been touched upon. The great characteristic of such movements is now, what it always has been, and always will be. Gain is their object, and, as the community is not willing to pay for pure science, but is always accessible through a well-filled quart-bottle of quack medicine, its wants are sure to be supplied.

It has been attempted to show that, in the absence of any proper tribunal, to which such questions can be referred, general principles only should be applied to their solution. Tested by these principles, there will not, in the majority of cases, be found

"A grain of gold leaf to a pound of brass."

Neglecting such a test, legislators may think to encourage medical science, but will only perpetuate error.

Boston, May, 1856.

CHRONIC INFLAMMATION OF THE NECK OF THE UTERUS, WITH ULCERATION OF THE VAGINA.

BY B. C. WREN, M.D., MUSCATINE, IOWA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to see Mrs. M——, aged about 25 years, on the 20th of December, 1855. I found her history to be as follows: about three years ago she was married, and when she was six weeks in pregnancy, she thought she was laboring with amenorrhœa, and consulted one of her neighbors, who advised her to call upon a hydropathist. He told her that she had merely a suppression of the menses, and took her through a course which resulted in an abortion. Previously to this, she had suffered very much from fluor albus, and has had more or less up to the present time. The result of the treatment was prolapsus uteri, and inflammation of its neck, extending through the walls of the vagina, and the internal and external labia. She has been in that situation for three years, the inflammation becoming chronic. The first time I saw her, she had fever and was quite nervous, the exacerbations recurring every day, having assumed an intermittent form. I found the abdomen very tender to the touch near the pubis. I ordered a poultice of meal and hops (with tinct. opii poured over it freely) to be applied to the lower part of the abdomen, as warm as she could bear, to be removed when it became cool.

Dec. 22d.—Called this morning and found the patient much more composed. She had no fever, not so much pain about the uterus, and had rested better last night than usual. Ordered Huxham's tinct.; præp. carb. ferri and cream of tartar, to be taken three

times a day. To be sponged over with whisky and quinia morning and night; to inject the vagina with a decoction of humulus and poppy heads, after injecting freely with tepid water and Castile soap. The external labia being covered with pimples which discharged pus, I ordered a solution of sulph. cupri to be applied three times a day; also to use a light and nourishing diet, avoiding all heating and stimulating food. In the afternoon I found her clear of fever and much encouraged; she thinks she is better. It is the first time she has been clear of fever for several weeks. Continue treatment.

23d.—Visited patient this morning. Found her quite comfortable, the soreness of the lower portion of the abdomen still decreasing; has had no cold feet since she commenced the treatment. Ordered her to be removed to a different room, one without a fire. Continue treatment.

24th.—Found her still improving, the soreness of the parts declining, and the swelling of the uterus and vulva gradually decreasing. The pimples are disappearing, and the little sores created by them are healing. She is not so much troubled with fever, rests better at night, and thinks she is improving. Continue the treatment, with the addition of a little starch to the injections.

25th.—Mrs. M—— is still improving. Continue the treatment.

26th.—She is improving very fast. Change the injection *per vaginam* to chloride of sodium, tinct. opii and water.

27th.—The improvement still progressing; the soreness nearly subsided.

Jan. 12th.—Visited Mrs. M—— and made an examination *per vaginam* with a speculum. I found some ulcers on the walls of the vagina near the neck of the uterus, to which I applied, with a camel's hair pencil, a solution of crystals of nitrate of silver (45 grains to one ounce of water). Prescribed two grains of valerianate of iron three times a day.

20th.—Made an examination with the speculum, and found the inflammation about the neck of the uterus had disappeared, and the ulcers on the walls of the vagina were healed; but the vagina, near the internal labia, and the urethra, were very much inflamed; the urethra was very much swollen, particularly at the meatus urinarius. I applied the nitrate to the parts very freely. The urine was very high colored. She complained of a severe burning when she attempted to micturate. Ordered her to take nitre and copaiva three times a day.

21st.—All symptoms ameliorated very much. Continue the application of nitrate of silver and the nitre.

23d.—Very much improved. All inflammation has disappeared.

24th.—Applied the galvanic battery, for the purpose of giving strength and tone to the uterus and its appendages. The manner of applying it was as follows: I introduced a hollow zinc tube, closed at the end, into the vagina, till it came in contact with the uterus. I then gave her a very slight shock, which was repeated three times a day. She has used it for some time with decided benefit. My ob-

ject in using the battery was to strengthen the parts in order to prevent a return of the prolapsus, which has succeeded admirably. I believe it to be a better plan than any other heretofore tried by me. I have used pessaries and supporters, but they all have their objections. She feels more natural now than she has for three years past. She is discharged well.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MARCH 24th.—*Tubercular Disease of one of the Vesiculæ Seminales.* This specimen was shown by Dr. JACKSON, and was met with in an adult dissecting-room subject. It formed a broad, thick, flat, firm mass; and when cut across, suggested the idea of a tubercular fallopian tube; there being some softening corresponding to the cavity of the vesicle; the deposit was opaque, greenish and firm. The other *vesicula seminalis* was healthy; as were, apparently, the *vasa deferentia*. Some opaque tubercular deposit, however, was found in the *prostate gland*; and also in several parts of the *brain*; the *lungs* being crowded with miliary granulations.

MARCH 24th.—*Tumor of the Left Lachrymal Sac. Its removal and return.* Dr. BETHUNE reported the case.

Feb. 12, 1856.—M. R., æt. 38. Blacksmith. The patient did not enjoy firm health; was "rather delicate." He was first troubled in the left eye, two years ago. Has had two operations, and now wears a style, without relief. On examination the bone was found bare. A tumor of the size of a large marble commenced and extended to the right of the site of the lachrymal sac. This tumor was firm, elastic, with a questionable fluctuation to the touch. Toward the right edge was seen a depression half or three-fourths of an inch in length, caused by a former incision. Feb. 14th, Dr. B. performed Desmarres' operation for the destruction of the sac—the patient being under the influence of ether. On making the incision through the tendon of the orbicularis, and down through the body of the tumor, a free bleeding followed, but no pus was seen to escape. The sensation to the operator was as if cutting through brawn; and, on clearing the wound, the sides, for one-third of an inch in depth, presented an appearance similar to this substance. This indurated substance was thoroughly removed, the sides dissected up, and the whole cauterized with an iron at red heat.

The microscopic appearances of this tumor, as reported by Dr. Shaw, were the following. "The great bulk of the growth was fibrous, of the same structure as *common cellular tissue*. From this could be expressed a considerable quantity of small, globular, granular bodies, generally very pale, which resembled the free nuclei of glandular epithelium; with these, also, were seen a few cells resembling the epithelium of glands. No lobulated structure, however, could be detected, during a very careful examination. There was no appearance of cancer. Had not these globular bodies been present, the disease might have been considered a hypertrophy of the cellular tissue, perhaps, the result of inflammation; or, if lobulated structure had been found, their glandular nature would have been evident. What they were, it is impossible to say."

Feb. 20th.—There had been no pain since the operation. There was

some appearance of a return of the tumor to the outside. The scab was removed and the wound cauterized with nitrate of silver.

21st.—Seemed smaller; caustic was again applied.

22d.—A pledget of cotton was placed in the wound to promote suppuration.

26th.—The appearance had improved.

March 5th.—On the outer edge of the incision the tumor seemed reproducing itself. A small piece was removed for microscopical examination, which revealed nothing essentially different from that found in the first, except that distinct fibro-plastic formation was observed in addition.

10th.—The tincture of iodine was applied to the wound, instead of the nitrate of silver.

11th.—The patient was discharged, improved.

19th.—The tumor had increased, and is now as large as that before the operation.

The morbid growth having returned, the case passed into the hands of Dr. H. J. BGELOW, at the Massachusetts General Hospital, who removed the tumor, and now gives the following additional details of the case.

"The tumor presented a fusiform mass, penetrating deep into the orbit, as large as an almond. It was found to be embedded in the nasal orbital plate, having separated portions of bone, which lay in contact with the globe of the eye, while upon the other side it encroached on the nasal cavity, obviously taking its origin in the thickness of the nasal plate. A section of this tumor presented a soft, bluish-gray, semi-translucent tissue, showing, under the microscope, rounded, uniform small nuclei, not fusiform, but still characteristic of fibro-plastic growths.

MARCH 24th.—*Disease of the Liver, Mesentery and Omentum. Death. Autopsy.* The specimen, exhibited by Dr. ELLIS, was sent by Dr. H. R. STORER, who saw the patient in Aug. 1855, in consultation with Dr. McIntire, of Goshen, N. H. It was taken from a woman 60 years of age, who had menstruated regularly until eight years before, when the disease was first noticed. The catamenia then ceased. At the time of the visit, there was moderate œdema of the limbs, and she complained of dysuria and nausea, the latter, together with pain in the limbs, having existed some days. The bowels were pretty regular. On examination, the abdomen was found filled by a large mass of tumors, of various shapes and sizes. In the left side, just beneath the spleen, was the smallest and most movable, of the size of a goose-egg; beneath this, was a small free space, apparently containing some fluid, and a bunch of tympanitic intestines. Near the surface, in front, were several well-defined masses, of the size of a chestnut, apparently osteo-cartilaginous, and probably omental. Beneath and to the right side were several large, fibroid growths, adherent to each other, and moving together under the hand, apparently arising from the anterior uterine wall. At the hypogastrium was a distinct *bruit*, not heard elsewhere. Pulsation of the aorta was distinct, but natural. At the seat of the *bruit* there was more tenderness on pressure than elsewhere. A hymen found, was so large and strong as to preclude an examination, without incision, or causing unjustifiable pain. By the rectum, nothing was noticed except the general encroachment of the morbid mass. The catheter was introduced into the urethra and bladder about four inches, passing with difficulty the stricture caused by the tumor. The patient died on March 10th. The *autopsy* was made on the same day, by Drs. McIntire of Goshen, and French of Washington.

The *liver*, only, was exhibited. It weighed ten pounds. Scattered throughout its substance were whitish masses, from two lines, to, perhaps, six inches in diameter, some imbedded in the tissue of the organ, others rising far above the surface, the substance of the liver being spread in thin layers over some of the latter. The smallest of these masses had quite a smooth, homogeneous appearance, like that of firm encephaloid; the larger were quite firm and traversed in every direction by large bundles of fibres, which gave them the appearance of fibrous tumors of the uterus, to which they were at once compared by a number of persons. Several small yellow portions were seen, resembling the xanthoid of cancer. That portion of the *vena cava*, three or four inches in length, attached to the liver, was filled with a soft, yellowish-white mass, adherent at some points to the walls of the vessel. It resembled an encephaloid growth much more than an old coagulum. Attached to the lower surface of the *liver* was one of the supra-renal capsules, so much elongated that it measured three or four inches in length.

On microscopic examination of the smaller masses, they were found to be composed of very long, granular, fusiform or irregular fibres, many of which still presented the faint outline of a much elongated nucleus. The most dense and fibrous portions of the larger masses were composed of the same elements, which were also found in the mass filling the *vena cava*, though here a few small nuclei were also seen.

Morbid growths of the same character were found in the *mesentery* and *omentum*. The other organs were healthy.

APRIL 14.—*Erysipelas*. The following cases were reported by Dr. B. E. COTTING, and are chiefly interesting as affording comparison with cases reported of this disease in which more active treatment, particularly local, was employed.

It will be seen that the duration of these cases was from seven to thirteen days; that they were of considerable severity; that in one case the tincture of iodine was faithfully applied externally, but without perceptibly influencing the progress of the disease; that in the others no active treatment was adopted, and that all progressed favorably, and the patients recovered.

CASE I.—The patient was a child one year old. The disease commenced on the 23d of February, in the middle of the left cheek. The inflamed part was covered and surrounded with a strong tincture of iodine. On the next day the disease had reached the nose. The iodine was again thoroughly applied over the diseased part, and from one half an inch to an inch beyond. The disease continued to spread until it covered the whole face, extending into the hair an inch or more, and down the neck behind the right ear. The vesications were abundant. Its progress seemed entirely uninfluenced by the application. The constitutional symptoms were quite severe. A cathartic and demulcents were given. The duration of the disease was from Feb. 23d to March 7th—thirteen days.

CASE II.—In this case the disease first appeared in the father of the above patient, four days after an injury to the left ear, in the wounded part. It extended in the usual manner, until it reached the middle of the cheek, extending downwards and backwards over the mastoid region. There were no vesications perceptible. No application of any kind was made to the parts affected. The duration was from Feb. 27th to March 5th—eight days.

CASE III.—The patient was a boy 7 years of age. The disease first ap-

peared on the 26th of March, on the right side of the neck. On the following day it had reached the shoulder; on the 30th, the elbow; on the 2d of April, the fore-arm; and on the 4th, the fingers. On the 5th, it had begun to subside. The disease was ushered in with vomiting, heat, headache, fever, and restlessness, which was very marked for the first five or six days. On the 2d of April, the patient became very heavy and drowsy, and continued in that state for eighteen or twenty hours. A cathartic of infusion of senna was given early in the disease. No other medicine was given, and no application made to the parts, the patient objecting. There were no vesications. The duration was from March 26th to April 5th—eleven days.

CASE IV.—This patient was a man 41 years old. The disease commenced on the left cheek, and extended, in its course, over the upper part of both cheeks, nose and ears, and back of the ears, to the hair. The forehead was covered to about half the distance from the eyebrows to the hair. There was great heat, soreness and tenderness in the parts affected, and the vesications were large and numerous. The constitutional symptoms were severe, delirium being constant through two nights.

The treatment consisted of a cathartic, with ten drops of sweet spirits of nitre, three times a day, and the application to the parts of milk and water, as the patient desired. The duration was from the 6th to the 15th of April—nine days.

CASE V.—The patient was an unmarried woman, aged 37. She was taken on the 26th of April, the disease commencing on the lower part of the left cheek, extending thence to the nose and right side, and attended with much pain. A cathartic was ordered. On the following day, both cheeks, the nose and lower lids were deeply inflamed, and very painful to the touch. There was some nausea, and the patient was restless. The pulse 112, with great heat. Application of milk and water to the parts was ordered; also ten drops of spirits of nitre every four hours, in mucilage.

April 28th.—There had been delirium in the night. The disease had extended over the forehead to the hair, involving the right ear. Pulse 115. The general distress was very great. Poppy-tea was allowed to be applied, in accordance with the desire of a friend, who pronounced it a "sure cure."

29th.—The patient had passed a better night. The inflammation was less violent, and the pain had diminished. Pulse 96. The disease had not extended. On the following day the patient was improving.

May 1st.—Desquamation was going on very rapidly.

2d.—She was discharged. The duration of the disease was from April 26th to May 2d—seven days.

Dr. C. E. WARE remarked, in this connection, that he had had, within a few days, three cases of this disease, two in adults, and one in an infant. The iodine was thoroughly applied to the parts, and to half an inch beyond, but without seeming to control the progress of the disease, which was quite regular in its course. The only peculiarity in these cases, although quite severe, was the absence of vesication. Quinine was given internally.

Dr. H. J. BIGELOW alluded to the remark of a patient, who had often suffered from the affection, that he had found the stimulus of the iodine somewhat to relieve, and far more pleasant than, the peculiar burning of the diseased part. This patient, Dr. Cotting remarked, had made the same observation with regard to sugar of lead.

Dr. STOKER considered the occasional failure of this remedy as no argu-

ment against its use in this disease, and remarked that he placed great reliance upon it, though he had found it to fail.

Dr. C. E. Ware stated that the duration of the disease had averaged about the same, since, as before the introduction of this remedy into his practice.

Dr. J. BIGELOW remarked, that a vast majority of cases of this disease occurring upon the face, recover, whatever be the treatment adopted.

APRIL 14th.—*Empyema*. Dr. JACKSON reported the following case.

A sailor, æt. 29, entered the Hospital June 5th, 1855, with pleurisy upon the left side, and of one year's duration. On the 6th of July, three pints of serum were drawn off by Dr. BOWDITCH. July 22d, he had hæmoptysis, but his general health improved, and in September he went fishing, was absent ten weeks, and returned still better. In December, he had active hæmoptysis, and from that time his health failed. On the 19th of March, he entered the Hospital, under the care of Dr. J., having been attacked, five or six days before, with well-marked symptoms of acute pleurisy upon the side previously affected. The pain and dyspnœa were very urgent, and the physical signs well-marked, the side being enlarged. The symptoms were somewhat palliated by leeches, vesication and opiates, but the dyspnœa and also the enlargement of the side increased, and on the 24th of March paracentesis was performed by Dr. Bowditch. Nine ounces of pus were drawn off with great relief; but, in the course of three days, the dyspnœa returned, and, on the 4th of April, having increased so as to be insupportable, the operation was again performed by Dr. B. Twenty-four ounces of very offensive and very viscid pus were removed, and again with very great relief. On the 8th, however, the dyspnœa was again severe, and on the 9th he died, at noon, rather suddenly. On the 6th of April, an unusual physical sign was noticed—"a metallic sound, much coarser than a tinkle, was heard over the whole left back, and, when sitting up, below the left clavicle, rather more with expiration, but more or less independent of inspiration or expiration, and audible one or two inches from the chest." There were other signs of pneumo-thorax, and it was evident that there was a large quantity of fluid in the chest, besides air. The propriety of again puncturing was considered, but as he bore opiates well, and was evidently near his end, nothing further was done.

On dissection, eleven pints of pus were found in the *left pleural cavity*, of a pea-green color, but not very offensive. The side was, of course, very greatly enlarged, and the diaphragm so forcibly pushed downwards upon the left side, as to appear like a large cyst protruding into the abdomen, the spleen adhering to its convexity. The pleural surface was blackened and ulcerated; and at about the junction of the fourth rib with its cartilage, an opening had been made through the muscle, so that when the integuments were turned back, on first opening the chest, there was a free escape of air. The lymph upon the surface was nowhere very thick. The *lung*, which was much compressed, having been inflated, was found to be extensively eroded upon the surface, so that air escaped from it freely and in various places. It was probably rather by the process of superficial sloughing than by ulceration that the air vesicles were opened. Dr. J. remarked that he had twice seen this form of sloughing in connection with pleurisy, and giving rise to pneumo-thorax; but whether the sloughing was the primary affection, as it so often is in the case of the lungs, or whether it supervened upon what must have been a mild pleurisy, could not be determined. The hæmoptysis, with other local and constitutional symp-

toms, made it evident that the above case was complicated with tubercular disease, and at the apex of the compressed lung was found an old cavity two or three inches in diameter, besides a smaller one near it; at the right apex were a few granulations. The *pericardium* was inflamed, as usual in severe cases of pleurisy.

APRIL 14th.—*Compound Comminuted Fracture of the Humerus.* Dr. S. D. TOWNSEND presented the specimen and reported the case.

The patient, J. S., was an intelligent, healthy looking boy, aged 17, employed in a cordage factory at Roxbury. He was brought to the Hospital, at 6, P. M., Aug. 15, 1855, with the above-mentioned injury, two hours after the accident, which happened in the following manner. The patient thrust his right arm through two parallel-spoked wheels, when they unexpectedly began to turn in opposite directions, and thus produced the fracture.

About the middle of the upper arm, on its anterior and external aspect, was a transverse wound, about three inches in length. The humerus was broken into three pieces, but had lost none of its length.

The patient having been etherized, a large fragment was removed from the outer portion of the shaft, three and a half inches long, conical and pointed quite sharply at its inferior extremity, but much thicker above, and, at one point, including most of the medullary cavity. Opposite this point the remaining portion of the shaft was fractured somewhat obliquely. The muscle seemed to be but little contused; and there being no hemorrhage which required to be checked by ligature, the external wound was closed by sutures, and straight splints applied to the limb.

Aug. 17th.—About one ounce of bloody fluid escaped from the wound.

20th.—The sutures were removed, and a small slough taken out. Dress-
ed with a poultice.

23th.—The discharge much diminished, and more healthy in character. The wound was dressed with adhesive straps and spread lint.

Sept. 10th.—Exuberant granulations required frequent application of nitrate of silver.

27th.—The patient was up and dressed.

Oct. 9th.—There seemed to be some callus thrown out in the region of the fracture. Motions of elbow rather limited.

19th.—External wound cicatrizing quite rapidly.

Nov. 1st.—The probe introduced into the wound detected denuded bone.

10th.—The cicatrix had ulcerated to a considerable extent. The dead bone had become loose, and upon being removed, proved to be the upper extremity of the lower fragment. The piece was three inches long, perfectly white, slightly bifurcated at the lower extremity, and matched exactly with the portion taken away at the time of the accident. There is still some angular motion, but a large amount of callus has been deposited about the fracture.

30th.—A small fragment of necrosed bone escaped from the wound today. Slight angular motion backwards and forwards. The patient can easily move the whole arm in all directions.

Dec. 5th.—Union had become firmer.

14th.—Dead bone was discovered deep in the wound.

17th.—The fragment of bone had become loosened.

27th.—A small abscess was opened above the original wound. Through this opening the denuded bone was detected.

Jan. 7th, 1856.—The bone could be seized with forceps, but could not be withdrawn.

13th.—The bone was still firmly locked in by the callus.

Feb. 3d.—The patient was etherized, and three fragments of bone were removed, the longest being nearly an inch and a half in length.

10th.—The external openings had contracted. Union perfectly firm. No denuded bone to be found.

21st.—The motions of the elbow were nearly as free as ever.

March 4th.—The callus seemed to be contracting, and the whole limb getting into a better state.

7th.—A very small ulcer remaining. The humerus two inches shorter than its fellow. The patient discharged well.

APRIL 14th. — *Echinococci in the Human Liver.* The specimen was exhibited by Dr. ELLIS. It was taken from the liver of an Italian girl, 28 years of age, who had been in this country three years, and died of phthisis at the Mass. Gen. Hospital, having presented, during her illness, no hepatic symptoms. The liver was attached to the diaphragm, and to the arch of the colon, by quite a number of old, delicate, transparent bands. A portion of the surface, three fourths of an inch in diameter, near the ensiform cartilage, was somewhat irregular, firm to the feel, and of a yellow color, mingled with red. On incision, a cavity, more than half an inch in diameter, was discovered below, the walls of which were composed of two distinct layers; the external in contact and continuous with the substance of the liver, averaging from one to three lines in thickness, of a yellowish-white color, almost caseous, and closely resembling tubercle. Under the microscope, it was seen to be composed of irregular granular cells, some of which resembled the so called tubercle-corpuscles, but most of them were larger, and none of them differed materially from those found in many degenerating tissues.

Within the layer described was a second, spread over, but entirely unconnected with it, from half a line to a line in thickness, bluish-white, semi-transparent, and of considerable consistence. On microscopic examination, it was found to be structureless, and on this account was distinguished with difficulty.

Lying loose within the cavity was a small, yellowish, soft mass, which, on examination, was found to contain numerous echinococci, surrounded by much fatty matter and many hooklets. Quite a number of the concentric corpuscles described and figured by writers were also seen. The parasites were filled with fatty and granular matter, but the calcareous bodies, so frequently found in, or just beneath the integument, were seen in but one or two specimens.

A short time since, a cyst of the same character was found in the liver of an Irishman, 24 years of age, who had been in the country eight years, and also died of phthisis at the Hospital, without presenting any symptoms referrible to the liver.

Upon the convex surface, near the right edge, was a low, yellow, fluctuating protuberance, upwards of an inch in diameter, surrounded by a zone of delicate, pink blood-vessels. On incision, there escaped a slightly opaque fluid, which had filled a cyst about an inch and a half in diameter. On further examination, there was found, closely attached to the healthy substance of the liver, a thin, bluish-white membrane. Within this was a second, nearly white, quite brittle, and about half a line in thickness. This fell away from the first, and lay in wrinkles at the bottom of the cavity. Upon its inner surface was an extremely thin layer of brown pulpy matter, and many small, white prominences. No secondary cysts were seen.

With the microscope, numerous hooklets of the echinococci were detected in the fluid above mentioned, and, in the pulpy layer, the animals themselves were found in large numbers, mingled with scattered hooklets and fat-globules. The white, brittle membrane presented a finely striated appearance, as if made up of concentric layers. Within a short distance of the cyst, in the substance of the liver, just beneath the surface, a small effusion of blood had taken place.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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**BOSTON, MAY 29, 1856.**

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**NEW YORK EMIGRANT HOSPITALS.**

WE have received the Annual Report of the Commissioners of Emigration of the State of New York, including the statistics of the immense hospitals on Ward's Island, and of the Marine Hospital on the quarantine grounds at Staten Island. The latter establishment is devoted expressly to the protection of the city and State from the introduction of pestilential diseases, a large proportion of the patients being alien emigrants, under the charge of the Commissioners, who are sent down from the city with contagious diseases, brought with them from abroad, or contracted on ship-board. About one fourth of the patients are received directly from ship-board; the others consist of newly-arrived emigrants, attacked on shore by ship fever, Asiatic cholera, smallpox, &c. During the year 1855, 2,402 patients were treated, but the number gradually diminished in a ratio corresponding with the decreasing immigration from the end of the first quarter to the close of the year, leaving only 92 under treatment on Jan. 1st, 1856. The mortality for the whole number during the year was 12.98 per cent., which must be considered small, considering the unfavorable character of many of the cases.

The establishment at Ward's Island consists of forty-two buildings, comprising hospitals, houses for the reception of the aged and helpless, for pregnant and lying-in women, nurseries for children, residences for officers and others, &c. All erected within the last six years are substantially built of brick. The hospitals are arranged in long, single buildings, of from 24 to 54 feet in length; among them are two new ones, each containing three wards, calculated to receive, without crowding, sixty patients in each ward. On January 1st, 1855, this immense establishment contained 3,168 inmates, and 3,164 were admitted during the months of January, February and March. The number gradually diminished during the year, and at the close of 1855, it was but 1,865. The medical department at Ward's Island is under the charge of Dr. H. B. Fay, Physician-in-chief, who resides on the Island, and Drs. George Ford and F. Simsock, assistant physicians. Dr. John M. Carnochan is Surgeon-in-chief, and visits the Island at regular times prescribed by the by-laws. He performs or directs all capital operations, and is assisted by Drs. Darling and Nelken, who reside continuously at the Island. The number of patients treated during the year was 11,532. The percentage of deaths during the first seven and a half months was 9.7; for the remaining four and half months, 4 $\frac{1}{2}$ . The surgical practice appears to have been very extensive, including many important operations. The

number of surgical cases was 3,517, of which 64 (or 1½ per cent.) died, and 3,120 were discharged cured or relieved.

When we consider the immense extent of these establishments, and the excellence of their organization and administration, we believe that few cities can boast of more perfect arrangements for the protection and relief of their destitute emigrant population, than New York.

#### LETTER FROM PROF. MUSSEY.

WE have lately received the following letter from Professor Mussey, of Cincinnati, Ohio, and are happy to be allowed to present it to our readers.

MESSES. EDITORS.—Your Journal brings us many things of value and interest. Rare cases—the reports of medical societies—discussions of important medical questions, and selections from foreign journals—keep alive the spirit of inquiry and improvement.

The valuable paper on "Female Physicians," in your issue of the 3d of April of this year, ought to be read by those who have a disposition to turn things upside down for the sake of "progress in society."

The perusal of Dr. DUKKE's paper on *Erythema tuberculatum et oedematosum*, in one of your late numbers, gave me much pleasure; a paper drawn up with great ability and presented in a manner peculiarly attractive and satisfactory. I felt a stronger interest in it from having seen, in the Mass. Gen. Hospital, Mr. Walcott, to whose case the Dr. refers, which case has since been published in your Journal from the Hospital Records. The diagnosis, when I saw Mr. W., was not, I think, fully agreed upon by the physicians of that Institution. To me it was sufficiently obscure; I had never seen a case of the kind. Dr. D. has, I think, clearly made out the diagnosis of this rare form of disease.

The case of alleged mal-practice, ably reported by Dr. PRAY, is published in your Journal of the 24th of last April. There was an injury of the shoulder. The diagnosis was obscure, as is often the case with this class of injuries. The opinions of the professional gentlemen who gave testimony, did not harmonize. One had suggested that the shortening of the arm might be owing to the neck of the humerus being drawn up between the neck of the scapula and the ribs, by muscular action—"a state," says the reporter, "in the opinion of the writer entirely untenable and contrary to authority." I beg leave to say that I have a dried specimen of the shoulder blade and arm-bone, exhibiting a complete dislocation of the joint, with fracture of the coracoid process, and the head of the *os humeri* placed about half an inch above its natural level, and lying on the inner or thoracic side of the neck of the scapula and firmly ankylosed to it, with such an exuberant deposit of bone as to obscure all parts of the coracoid, except its tip and about three fourths of an inch extending from it. This shows a condition which, even soon after the injury, might be attended with an obscure diagnosis.

In your issue for Nov. 25th is a notice of a living lizard which had been vomited from the human stomach, and was exhibited to the Vermont State Medical Society by one of its members. This was supposed to have remained in the stomach for twenty-seven or twenty-eight months.

This reminds me of a case which occurred in the eastern part of Vermont, more than twenty years ago, during my residence at Hanover, N. H. A messenger came with an urgent request that I would visit a young man who was suffering very much from having swallowed a *neut*. To my inquiry how long since he had swallowed it, the reply was, three months. I declined visiting the patient, and told the messenger to go back and say to him that his newt had been dead and digested long ago. My opinion was founded on the belief that an animal breathing with lungs could not long survive in the human stomach.

The interesting sequel of this case I afterwards learned. The patient, long tormented with strange symptoms in his stomach, and having taken a great variety of strong medicines, had nearly lost all hope of a cure. His uncle, a man of some shrewdness, obtained from a doctor an active emetic, and procured a small lizard, which he carried in his pocket in a vial. He gave the emetic, and while the contents of the stomach were being disgorged, he slipped the lizard into the basin of fluid. As soon as the patient saw the little animal swimming in his vomit, he cried out that he was well, and remained so ever after.

Whether the case reported to the Vermont Medical Society could admit of an explanation like this, I would by no means pretend to intimate. If a lizard can exist in the

human stomach two years, it is certainly desirable that it should be known. All I wish by this communication is, if possible, to learn the truth. If I could see my friend Dr. Wyman, of Cambridge, whose knowledge of comparative anatomy and physiology is unsurpassed, I would ask whether the habits of the lizard can be so modified as to admit of its living in this way.

It would be interesting to learn, whether the patient often dines on fresh pork, and whether he has been free from the anomalous symptoms since the lizard was ejected.

Cincinnati, May 17, 1856.

R. D. MUSSEY.

*Revolution among the Eclectics.*—The "Eclectic Medical Institute" in Cincinnati has been the scene of a riotous demonstration, in consequence of a quarrel among the members of the faculty. It seems that a Dr. R. S. Newton had rendered himself obnoxious to the other professors, in consequence of some reflections upon them in the "*Eclectic Medical Journal*," conducted by him. He was joined by Dr. O. E. Newton and Dr. L. Freeman, the alliance of the latter arising in consequence of "a difficulty in relation to a female student." Against them were arrayed the rest of the faculty, Drs. Cleaveland, Sherwood, Buchanan, Hoyt and King. The Newton faction forcibly entered the Institute in the night, and endeavored to take possession, but were resisted by Dr. Cleaveland and the others. Dr. C. was attacked "by the Newtons, Dr. Freeman, Dr. F.'s brother, a medical student, Dr. Newton's Irish boy Dan, and other parties, who threatened to kill him." A general fight ensued, with clubs and other weapons, but no one was injured. Dr. Newton and his party retreated up stairs, and occupying the lecture rooms, prepared for a defence. Dr. Sherwood, and a number of students and the police, took possession of the lower story. Dr. Newton's party were afterwards discovered "attempting to get a small cannon in the back way, and the police captured it." The Newtonians had bedding, food, wine and lager beer, and were determined to stand a regular siege. At the last accounts, things were in *statu quo*. In the language of the Cincinnati *Daily Freeman*, to which we are indebted for the above facts, "we wait with anxiety for the result."

*Meeting of the Mass. Med. Society—Alexis St. Martin.*—In consequence of the Journal being put to press before the date of publication, we are unable to publish the proceedings at the annual meeting. We are glad to be able to announce, however, that Dr. J. G. Bunting arrived in this city on Monday, accompanied by Mr. St. Martin, and that the members of the Society were to have an opportunity of seeing him yesterday at the Lowell Institute. We are happy to refer to the high professional character and motives of Dr. Bunting; and the profession is indebted to him for affording this opportunity so truly interesting to scientific inquirers.

TO CORRESPONDENTS.—Papers have been received from Drs. A. Abbe, A. Livezey and E. S. Durgin, and will be inserted next week.

MARRIED.—In this city, on the 13th instant, Henry W. Brown, M.D., to Ellen M., daughter of Charles B. Whitney, Esq., both of Boston.

*Deaths in Boston* for the week ending Saturday noon, May 24th, 60. Males, 35—females, 25. Accident, 2—apoplexy, 2—inflam. of the bowels, 1—congestion of the brain, 3—bronchitis, 1—consumption, 7—convulsions, 2—croup, 3—dysentery, 1—diarrhœa, 2—dropsy, 1—dropsy in the head, 2—diabetes, 1—drowned, 1—infantile diseases, 2—puerperal, 2—empyema, 1—typhoid fever, 1—scarlet fever, 1—disease of the hip, 1—disease of the heart, 2—inflammations of the lungs, 6—disease of the lungs, 2—disease of the liver, 2—marasmus, 3—measles, 1—old age, 1—scalds, 1—teething, 3—thrush, 1—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 40 years, 12—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 39—Ireland, 14—British Provinces, 5—Germany, 1—Scotland, 1.

**Hydrophobia.**—In the course of Dr. Blatchford's paper on hydrophobia, read before the American Medical Association, at its last annual meeting, at Detroit, the following curious facts were reported as taking place in Prussia:—In 1810 there were in that Kingdom 104 deaths from hydrophobia; in 1811, 117; in 1812, 101; in 1813, 85; 1814, 127; in 1815, 79; in 1816, 201; in 1817, 228; in 1818, 260; in 1819, 356—making a total of 1,658 deaths in ten years, in Prussia alone. It is mentioned also as a curious fact, that in Cyprus and Egypt, hydrophobia has never been known to occur. It is believed also that the disease is incident to no particular month in the year, as statistics show, on the whole, as many deaths at one month of the year as at any other—there being no real difference between summer and winter. The Doctor believed the constitutional irascibility of the dog was the true etiology of canine madness, and that excision is the only means now known which affords any reasonable hope of successful prevention. The report pronounces as an utter fallacy the general idea that the dog star has anything to do with the origin of virus in the dog, or that summer has any special preponderance over winter in the existence of cases of hydrophobia. The facts submitted, and which had been collected by the Committee, show the following result:—Out of 72 cases, 54 were bitten by dogs, 6 by cats, 1 by a raccoon, and 1 by a cow. Out of 62 cases, 4 died the first day, 9 the second, 6 the third, 18 the fourth, 4 the fifth, 2 on each the sixth, seventh and tenth days, and 1 on the twenty-first. That 22 bites occurred in March, April and May; 17 the next quarter; 18 the next, and 22 the last. The average of the time of sickness was 66 days, but this lengthy average was enhanced by two strongly-marked cases, lasting 365 and 360 respectively. The usual average is 41 days.—*New York Times*, May 15.

**Board of Ten Governors, Bellevue Hospital, New York.**—The Board met on Wednesday at the Hospital, Gov. Draper presiding; present a full Board, excepting Gov. Taylor. The entire Medical Board of Bellevue Hospital, Dr. Francis, Chairman, were in attendance, having been invited to be present to answer some questions touching the requisitions of Bellevue Hospital, complaints of the character and magnitude of which, it will be remembered, had been made to the Board.

Gov. Draper said he was happy to meet a full representation of the Medical Board, and would explain to them the reason of their being summoned to attend. The call of the Department of Bellevue Hospital for extra expenses has increased from \$1,000 to \$2,000 in four years. Among the latter requisitions there appeared a large number of chickens, oysters, &c., with citations of unusual quantities of brandy and other liquors needed. He then read the requisitions for last April. Among the articles specified, were 440 chickens, 421 pounds of ham at 16 cents a pound, 4,164 oysters, 900 mutton chops, 2,000 eggs, 200 pounds of crackers, 1,200 bottles of porter, 37 gallons of brandy, 129 gallons of ale, and 25 bottles of Madeira. None of these articles, Gov. Draper said, came under the regular diet of the Department, but came under the head solely of "extras." What they wished to know was, whether the patients used the articles named, and whether there was the basis of the appointment of a Special Committee of Investigation.

Drs. Francis, Sayer, McCready, and others of the Medical Board, each gave explanations of the cause of the requisitions charged. They mutually accounted for the increase of these "extras," by the additional number of surgical cases treated with each advancing year. Many patients needed food different from the ordinary diet, and "extras" had been provided them. They proposed an investigation, however, as more satisfactory.

It was finally agreed to have such investigation, after a prior understanding that the Governors would address a communication to the Medical Board with statistics of the points requiring explanation.—*ib.*

**Muriate of Morphia and Coffee in Neuralgia.**—M. Boileau reports that he has derived great relief in the paroxysms of neuralgia, from the administration of the muriate of morphia in a very hot infusion of highly-roasted coffee. The dose is one centigramme (one-seventh grain) for an adult, and less in other ages and in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary it may be increased by frictions; but M. Boileau has never gone beyond two centigrammes.—*Med. Times and Gazette*.